

RECEIVED

DEC 10 2021

## STATE OF SOUTH DAKOTA

## Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER		2. DATE	
Corson/Sioux County News Messenger		9-29-2021	
3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE \$33.00 \$38.00	
weekly	52		
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)			
P.O. Box 788, McLaughlin, SD 57642			
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)			
6. FULL NAME OF PUBLISHER:			
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)			
FULL NAME		COMPLETE MAILING ADDRESS	
Corson News LLC		P.O. Box 788 McLaughlin, SD	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)			
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)		725	725
B. PAID AND/OR REQUESTED CIRCULATION			
1. Sales through dealers and carriers, street vendors, and counter sales.		220	230
2. Mail Subscription (Paid and or requested)		460	447
3. Paid Electronic Copies			
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)		680	677
D. FREE DISTRIBUTION			
1. BY MAIL, CARRIER OR OTHER MEANS			
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		21	21
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		701	698
F. COPIES NOT DISTRIBUTED			
1. Office use, left over, unaccounted, spoiled after printing		24	27
2. Return from News Agents			
G. TOTAL (Sum of E, F1 and F2 - Should equal total shown in A.)		725	725

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public  
I swear that the statements made by me are true, correct, and complete:

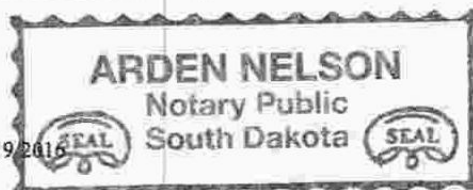
[Signature]  
(Signature)

(Title)

State of South Dakota )

County of Walworth )

(Seal)



Sworn to before me this 29 day of September, 2021

Arden Nelson

Notary Public

My commission expires: 8-1-25